

# The New York Times

## OCD: When anxiety is at the table

By Jeff Bell

FOR some of us the trouble starts before we even step into a restaurant.

If Carole Johnson, a retired school administrator who lives near Sacramento, California, happens to have a distressing thought while passing through a doorway, she needs to "clear" the thought by passing through the door twice more, doing it precisely three times.

My own challenge is fighting the urge to return to my parked car and check yet again that the parking brake is secure. If I don't, how can I be sure my car won't roll into something or worse, someone?

Johnson and I are but two of the estimated five to seven million Americans battling obsessive-compulsive disorder, an anxiety disorder characterized by intrusive distressing thoughts and repetitive rituals aimed at dislodging those thoughts. We are an eclectic bunch spanning every imaginable cross-section of society, and we battle an equally eclectic mix of obsessions and compulsions. Some of us obsess about contamination, others about hurting people, and still others about symmetry. Almost all of us can find something to obsess about at a restaurant.

Sometimes the trouble is the element of public theater in the dining room, meaning we have to indulge in our often-embarrassing rituals under the eyes of so many strangers while trying not to get caught. Or it might be worrying about the safety of the food and the people who serve it.

Many of the situations that unsettle people with obsessive-compulsive disorder driving, for instance provoke at least some level of anxiety in just about everyone. But restaurants are designed to be calming and relaxing. That is one of the main reasons people like to eat out.

To many of us with obsessive-compulsive disorder, those pleasures are invisible. We walk into a calm and civilized dining room and see things we won't be able to control. This feeds directly into one of the unifying themes of the disorder: an often crushing inability to handle the unknown.

"The common thread, I think, has something to do with certainty," said **Dr. Michael Jenike**, medical director of the **Obsessive Compulsive Disorders Institute at McLean Hospital** in Belmont, Massachusetts, which is affiliated with Harvard Medical School. "If you have OCD, whatever form, there seems to be some problem with being certain about things whether they're safe or whether they've been done right."

If lack of certainty is our common challenge, than warding off uncertainty is our common quest. For some of us battling obsessive-compulsive disorder, that means scrubbing our hands to make sure they're clean, or checking and re-checking everything around us in the name of safety. For others, the need is to arrange various items in order, or repeat actions in ritualized sequences in vain attempts at removing doubt.

These quirks lead to some serious complications in our lives, especially when we find ourselves in a place that triggers obsessive-compulsive behavior, like a restaurant. Once Johnson gets past the door, she often needs to try out a few tables, looking for one that feels right, as a frustrated maître d'hôtel looks on.

Personally, I am fine with just about any table, although the wobbly ones can spell big trouble. I have harm obsessions, which means I am plagued by the fear that other people will be hurt by something I do, or don't do. Seated at a less-than-sturdy table, I conjure images of fellow diners being crushed or otherwise injured should I fail to notify the restaurant's management. This is called a reporting compulsion in the vernacular of the disorder, and before I learned to fight these urges, many a manager heard from me.

One of them was the woman running a coffee house I frequent. One day while sipping my latte at a fake-marble table I leaned forward, and the far end of the tabletop lifted. This barely moved my coffee cup, but it sent my nerves right through the roof. Before I realized it I was crouched over, my head upside down beneath the table. The only responsible thing to do, I decided, was to ask the woman behind the counter to come over for a look. Her lack of concern only exacerbated my problems.

Forget the tabletop, my friend Matt Solomon tells me; it's what's on top of the table, and precisely where, that really matters. Solomon is a 39-year-old lawyer in Fort Worth with order compulsions. To enjoy a meal he needs to separate the salt and pepper shakers, and, ideally, place a napkin holder or other divider midway between them.

Why? He can no more answer that than Johnson can tell you why she needs to chew her food in sets of three bites or drink her beverages three sips at a time. Three is her magic number. That is about as refined an explanation as any of us can give for our compulsions, rituals that we understand are entirely illogical.

Some of our other concerns may seem familiar. I imagine most diners, for example, have noticed and perhaps even struggled to remove white detergent spots that can sometimes be seen on silverware. But few, I suspect, have gone to the lengths Jared Kant has to get rid of them. Kant is a 24-year-old research assistant living outside of Boston who has obsessive fears of contamination. (He first came to my attention when I read a memoir he wrote about living with obsessive-compulsive disorder.) Last year he visited a Chinese restaurant with several friends, one of whom pointed out that their silverware was spotted and seemed dirty. Kant collected all the utensils at the table and attempted to sterilize them by holding them above a small flame at the center of a pu-pu platter, quickly attracting the attention of their waiter.

Ah, waiters, and waitresses. And bartenders. For some with obsessive-compulsive disorder, the success or failure of a dining experience can hinge on the appearance of a restaurant's staff.

Solomon, for example, feels compelled to inspect the hands of anyone serving him. Cuts and scrapes are objectionable because in his mind, they can lead to his contracting a disease that could kill him.

This past Halloween, Solomon ate at the bar of a steakhouse, where he was served by a bartender dressed in a devil costume. He noticed a small red stain on the man's right knuckle, and couldn't rule out the possibility that the stain was blood. Trying to avoid things the bartender had touched, Solomon used a straw to drink from his water glass and swapped the silverware the bartender had placed in front of him for another set from farther down the bar.

Coincidentally, Solomon and Kant have each battled contamination issues on both sides of the counter. Solomon spent years working as a bartender, often consumed by thoughts of becoming deathly ill.

He was convinced that one of his regular customers was carrying a fatal virus, and came up with strategies to minimize contact. "I would always quickly put his change down before he could try to take it from my hand," he said.

The challenge for Kant was serving lattes. In his late teens, while training to be a barista, he learned of the potential dangers from improperly handled milk. He became obsessed with the possibility of harming customers through inadvertent negligence. Even worse was the prospect that he might never know. "My biggest fear was that one day I would find out that a customer had come down sick, brutally sick with something, and the only thing they knew was that they'd had a latte," Kant said.

I can't imagine handling even the most basic server duties, like adding up the items on a customer's bill. I struggle enough with checking and rechecking my tip calculations. And that's just one of my challenges at the end of a meal.

As part of my harm obsession, one of my concerns is that germs from my mouth will hurt others. Although I try to keep my fingers away from my lips and their germs while I'm eating, I'm rarely successful (it's not as easy as it sounds). By the end of the meal I believe that my hands are contaminated. The problem is that I need them to scribble my signature on the check. If I'm lucky, I will have remembered to bring my own pen; if not, I may feel compelled to "table-wash" my hands, a little trick I developed over the years: I use the condensation on the outside of a cold water glass to rinse off the germs. (Forget drying my hands, by the way; my napkin would only re-contaminate them.)

Once the check is signed, I must be sure that it is really signed. At my worst, I have opened and closed the vinyl check holder again and again, seeing my signature each time, yet unable to feel certain. I've left the table, only to return to check again. And again.

Help is available, in the form of a therapy called exposure response prevention. As the name suggests, the technique calls for exposing people with obsessive-compulsive disorder to situations that trigger obsessions, then preventing them from acting on them. The therapy addresses low-level anxieties, and works up from there.

With restaurant cleanliness, for example, a therapist might have an client rate his anxiety about challenges ranging from simply touching spotted silverware to eating from a spotted plate. Then the therapist would ask him to face those situations while fighting the compulsion to clean or replace spotted items.

The therapy attempts to alter behavior, but it appears to alter much more than that. Dr. Sanjaya Saxena, the director of a program for obsessive-compulsive disorders at the University of California at San Diego, said that exposure response prevention therapy "certainly is changing the brain at the molecular level that is, at the level of particular proteins that are expressed and created and on the level of neurotransmitter function." In that sense, he said, "behavioral therapy is biological therapy."

I am no brain scientist. I understand almost nothing about proteins and neurotransmitters. But my own extensive work with this particular form of torture (that is, directed treatment), with medication, has progressively allowed me to take back much of the life my disorder stole from me.

Today I travel extensively, sharing my recovery story and working with groups like the Obsessive Compulsive Foundation to raise awareness. In my job as a radio news anchor, I don't have to eat out much, but when I'm on the road for work related to the disorder, I wind up eating in a lot of restaurants. I can honestly say I'm starting to enjoy it. In fact, while I still like ice water with my meal, I often find myself drinking from the glass, not washing with it.

Now when I say check, please, I'm simply asking for my bill.

*The previous article also ran in:*

*The International Herald Tribune  
Paris, France*